



West Virginia Hospital Inpatient Data System

Data Element Specifications Guide

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(v2.0 updates shaded grey)

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Introduction

The West Virginia Hospital Inpatient Data System (WVHIDS) collects, processes, and analyzes inpatient discharge data that are collected by the West Virginia Health Care Authority (WVHCA). This Guide outlines specifications for the data elements that are required to be submitted to the WVHCA by all non-federal hospitals in the state. The table below defines the information that is contained in the data element tables presented in this Guide.

Refer to the *Data Collection Policies and Procedures* guide for hospital inpatient data reporting requirements. Additional technical documents are available to provide specific details regarding the data file layout and submission procedures. All data reporting and technical documentation can be accessed from the WVHCA website at www.hcawv.org/FinDisc/.

Data Element Specification Table Layout

Data Element Name

Description	A description or definition of the data element.
Reporting	Reporting of the data element is either: Required = Must be submitted Recommended = Encouraged to be submitted Situational = Must be submitted under certain circumstances
837I Guide	Corresponding page number in the WVHCA/Thomson Reuters 837I Implementation Guide
UB-04 Element	Reference to the UB-04 Form Locator.
OLE Field	Name of the data element as it appears in the West Virginia On-Line Editor.
Format & Valid Codes	A description of the required format and accepted codes.
Edit Check Errors & Warnings	A list of the errors and/or warnings that may appear in the On-Line Editor as a result of the edits checks performed on the data element. Warnings must be reviewed, and if possible, corrected prior to submission. Errors must be corrected before the data can be submitted.
Notes	Any special data submission or processing notes related to the data element.

Alphabetical Index of Data Elements

This table presents an alphabetical list of the data elements, their abbreviated field name in the On-Line Editor (OLE), and the page number of the corresponding data element specifications table in this Guide.

Data Element Name / OLE Field Description	OLE Field Name	Page Number
Accommodation/Ancillary Charges	RMCHG, ANCHG	14
Accommodation/Ancillary Revenue Codes	RMRC, ANRC	13
Accommodation/Ancillary Units	RMU, ANU	13
Admission Date	ADMIT	8
Admission Source/Point of Origin Code	SRCE	7
Admission Type Code	TYPEAD	7
Admit from Emergency Room Condition Code	CCODE	8
Admitting Diagnosis Code	ADMITDX	18
Auto Accident State Code	ACCSTATE	17
Bill Type Code	BTYP	5
External Cause of Injury Code	ECODE	16
External Cause of Injury POA Code	EPOA	17
Federal Tax Number	FEIN	5
HCA Batch Date	BATDATE	3
HCA Batch Number	BATNUM	3
Medicare Provider Number (CMS Certification Number)	HOSP	4
Medical Record Number	MRN	6
NPI Attending Physician	NPI_ATT	10
NPI Billing Provider	NPI	10
NPI Operating Physician	NPI_OP	11
NPI Other Physician(s)	NPI_OTH1, NPI_OTH2	11
Other Diagnosis Code(s)	DIAG2-DIAG18	15
Other Procedure Code(s)	PROC2-PROC6	19
Patient Birth Date	DOB	20
Patient Control Number	PATNO	6
Patient Gender Code	SEX	20
Patient Race and Ethnicity Code	RACE	21
Patient Status Code	PSTAT	9
Patient Zip Code	ZIP	22
Payer Code(s)	PAYOR1, PAYOR2, PAYOR3	12
Present on Admission Code(s)	POA1-POA18	16
Principal Diagnosis Code	PDIAG	15
Principal Procedure Code	PPROC	18
Statement Coverage Dates	SDATE, EDATE	9
Total Claim Charges	TCHG	12

I. Data Element Specifications – Submission/Processing Fields

HCA Batch Number

Description	Unique identifier for each batch of claims submitted to the Health Care Authority
Reporting	Recommended
837I Guide	Page 14
UB-04 Element	N/A
OLE Field	BATNUM
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	
Notes	<ul style="list-style-type: none">• It is recommended that all records within a batch contain the same batch number, assigned and formatted per hospital specifications.• It is recommended that a unique batch number be applied to each submitted batch. Should data have to be accessed at a later date for review or editing, a unique number will help to identify the appropriate batch.

HCA Batch Date

Description	Date the batch was created for submission to the Health Care Authority
Reporting	Recommended
837I Guide	Page 14
UB-04 Element	N/A
OLE Field	BATDATE
Format & Valid Codes	Date formatted per specifications in the 837I Implementation Guide
Edit Check Errors & Warnings	
Notes	<ul style="list-style-type: none">• It is recommended that all records within a batch must contain the date the batch/file was created.

II. Data Element Specifications – Administrative Fields

Medicare Provider Number (CMS Certification Number)

Description	Medicare provider identification number indicating the type of service
Reporting	Required
837I Guide	Page 22
UB-04 Element	N/A
OLE Field	HOSP
Format & Valid Codes	<p><u>Digits 1-2</u></p> <p>All WV provider numbers begin with '51'</p> <p><u>Digit 3</u></p> <p>0 = Acute 1 = Critical Access Hospital (CAH) 2 = Long Term Acute Care Hospital (LTACH) 3 = Rehabilitation Hospital 4 = Psychiatric Hospital 5 = Skilled Nursing Facility (SNF) S = Psychiatric Unit T = Rehabilitation Unit U = Swing SNF Z = Swing SNF CAH</p> <p><u>Digits 4-6</u></p> <p>Unique numeric ID for each service provider</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• BADID = Invalid provider ID (Record Error)• E35 = Missing provider ID (Record Error)• E36 = Invalid provider ID (Record Error)• E43 = Provider ID does not match bill type (Record Error)
Notes	<ul style="list-style-type: none">• All provider numbers for the facility must be registered in the On-Line Editor prior to submission on a claim.• Medicare Provider Number, Patient Control Number, and Discharge Date comprise the key used to uniquely identify each discharge in the master database.

Federal Tax Number

Description	Number assigned to the billing provider by the federal government for tax reporting purposes
Reporting	Recommended
837I Guide	Page 22
UB-04 Element	FL05
OLE Field	FEIN
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	
Notes	

Bill Type Code

Description	Code indicating the specific type of bill
Reporting	Required
837I Guide	Pages 39-40
UB-04 Element	FL 04
OLE Field	BTYPE
Format & Valid Codes	<u>Digit 1</u> 1 = Hospital 2 = Skilled Nursing <u>Digit 2</u> 1 = Inpatient (Including Medicare Part A) 2 = Inpatient – Medicare Part B only 8 = Swing Bed <u>Digit 3</u> 1 = Admit through Discharge Claims 2 = Interim – First Claim 3 = Interim – Continuing Claim 4 = Interim – Last Claim 5 = Late Charges Only 7 = Replacement of Prior Claim 8 = Void/Cancel of Prior Claim
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E12 = Missing bill type (Record Error)• E13 = Invalid bill type (Record Error)
Notes	<ul style="list-style-type: none">• In the 837 format, the bill type code is submitted in two fields, but is displayed as one field in the On-Line Editor.

Patient Control Number

Description	Unique identification number assigned to each discharge
Reporting	Required
837I Guide	Page 39
UB-04 Element	FL 03a
OLE Field	PATNO
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	<ul style="list-style-type: none">E11 = Missing patient control number (Record Error)
Notes	<ul style="list-style-type: none">The patient control number must be unique to each discharge.The patient control number must be identical for all records/bills (including interim bills) representing a single inpatient stay.Medicare Provider Number, Patient Control Number, and Discharge Date comprise the key used to uniquely identify each discharge in the master database.

Medical Record Number

Description	Number assigned to the patient's medical/health record by the provider
Reporting	Required
837I Guide	Page 44
UB-04 Element	FL 03b
OLE Field	MRN
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	<ul style="list-style-type: none">E56 = Missing medical record number (Record Error)
Notes	<ul style="list-style-type: none">The patient control number identifies a single episode of care; the medical record number identifies a patient across multiple episodes of care.

Admission Type Code

Description	Code indicating the priority (type) of admission
Reporting	Required
837I Guide	Page 43
UB-04 Element	FL 14
OLE Field	TYPEAD
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E22 = Missing type of admission (Record Error)• E23 = Invalid type of admission (Record Error)• E5 = Type of admission identical on all records (Batch Warning)
Notes	<ul style="list-style-type: none">• For births occurring in the hospital, the admission type should be coded as '4.' This code requires the use of the newborn codes for source of admission.• In accordance with WVHCA data reporting Policies and Procedures, separate discharge records should be submitted for newborns and mothers.

Point of Origin for Admission (Admission Source Code)

Description	Code indicating the point of patient origin for the admission
Reporting	Required
837I Guide	Page 43
UB-04 Element	FL 15
OLE Field	SRCE
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E24 = Missing source of admission (Record Error)• E25 = Invalid source of admission (Record Error)• E6 = Admission source identical on all records (Batch Warning)
Notes	<ul style="list-style-type: none">• In accordance with WVHCA <i>Data Collection Policies and Procedures</i>, separate discharge records should be submitted for newborns and mothers.

Admit from Emergency Room Condition Code

Description	Code indicating the patient was admitted directly from this facility's Emergency Room/Dept.
Reporting	Required
837I Guide	Page 43
UB-04 Element	FL 18-28
OLE Field	CCODE
Format & Valid Codes	Submit a "P7" per NUBC Official UB-04 Data Specifications if the patient was admitted as an inpatient directly from the emergency room/department.
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E161 = Questionable number of admissions from ER (Batch Warning)• E163 = No Revenue Code of 45x found (Record Error)• E164 = P7 code missing (Record Warning)
Notes	

Admission Date

Description	Date of admission to hospital
Reporting	Required
837I Guide	Page 42
UB-04 Element	FL 12
OLE Field	ADMIT
Format & Valid Codes	Date formatted as specified in the <i>837I Implementation Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E20 = Missing admission date (Record Error)• E21 = Invalid admission date (Record Error)
Notes	<ul style="list-style-type: none">• In the On-Line Editor, admission date is formatted as MMDDYYYY.

Statement Coverage Dates

Description	Dates of the service period included on the bill
Reporting	Required
837I Guide	Page 41
UB-04 Element	FL 06
OLE Field	SDATE = Beginning date of service (From) EDATE = Ending date of service (Through)
Format & Valid Codes	Dates formatted as specified in the <i>837I Implementation Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E0 = Discharge date prior to current submission period (Record Error)• E14 = Missing beginning or ending statement date (Record Error)• E15 = Invalid beginning or ending statement date (Record Error)• E41 = Ending statement date/discharge date later than today (Record Error)• E42 = Beginning statement date precedes admission date (Record Error)
Notes	<ul style="list-style-type: none">• In the 837 format, the statement coverage dates are required to be submitted as one field, but are presented in the On-Line Editor as two separate fields.• Medicare Provider Number, Patient Control Number, and Ending Date/Discharge Date comprise the key used to uniquely identify each discharge in the master database.

Patient Status Code

Description	Code indicating the status of the patient at the end of the service period covered on this bill
Reporting	Required
837I Guide	Page 43
UB-04 Element	FL 17
OLE Field	PSTAT
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E26 = Missing patient status (Record Error)• E27 = Invalid patient status (Record Error)• E7 = Patient status identical on all records (Batch Warning)
Notes	

NPI Billing Provider

Description	Unique national provider identification number assigned to the provider submitting the bill
Reporting	Required
837I Guide	Page 20
UB-04 Element	FL 56
OLE Field	NPI
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">E54 = Missing billing provider identifier (Record Error)
Notes	

NPI Attending Physician

Description	Unique national provider identification number assigned to the attending provider
Reporting	Required
837I Guide	Page 65
UB-04 Element	FL 76
OLE Field	NPI_ATT
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">E55 = Missing attending physician identifier (Record Error)
Notes	<ul style="list-style-type: none">The attending provider is the individual who had overall responsibility for the patient's medical care and treatment reported in the claim.

NPI Operating Physician

Description	Unique national provider identification number assigned to the operating physician
Reporting	Recommended
837I Guide	Page 69
UB-04 Element	FL 77
OLE Field	NPI_OP
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E71 = Missing operating physician identifier (Record Warning)• E90 = Missing operating physician identifier when revenue code 036x exists (Record Warning)
Notes	<ul style="list-style-type: none">• The operating physician is the individual with the primary responsibility for performing the surgical procedure(s).

NPI Other Physician(s)

Description	Unique national provider identification number assigned to other physicians involved in care
Reporting	Recommended
837I Guide	Page 73
UB-04 Element	FL 78, FL 79
OLE Field	NPI_OTH1, NPI_OTH2
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E72 = Missing NPI_OTH1 (Record Warning)• E73 = Missing NPI_OTH2 (Record Warning)
Notes	<ul style="list-style-type: none">• NPIs for two additional physicians can be submitted.

III. Data Element Specifications – Charge Fields

Payer Code(s)

Description	Codes indicating the primary, secondary, and tertiary payers billed for the service
Reporting	Required
837I Guide	Page 34 and Page 78
UB-04 Element	FL 50
OLE Field	PAYOR1, PAYOR2, PAYOR3
Format & Valid Codes	Submit WVHCA payer codes as defined in the <i>WVHCA Payer Coding Specifications</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E33 = Missing primary payer code (Record Error)• E34 = Invalid primary payer code (Record Error)• E48 = Invalid secondary or tertiary payer code (Record Error)• E2 = Missing secondary payers on all records in batch (Batch Warning)• E165 = Questionable Medicare payer (Record Warning)
Notes	<ul style="list-style-type: none">• Secondary and tertiary payer codes are required to be submitted when other payers are known to potentially be involved in paying the claim.• In the event of an E165 Warning, only change primary payer to Medicare if valid.

Total Claim Charges

Description	Total charges billed for the services included on the bill
Reporting	Required
837I Guide	Page 39
UB-04 Element	N/A
OLE Field	See Notes below
Format & Valid Codes	Dollar amount - 15 character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount. For example, '30025' = \$30,025.00 '300.25' = \$300.25
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E29 = Missing total charge (Record Error)• E30 = Invalid total charge (Record Error)• E40 = Multiple total charges submitted (Record Error)• E67 = Total charge <\$100 or >\$50,000 per day (Record Warning)
Notes	<ul style="list-style-type: none">• The charge amount submitted in this field will be presented in the On-Line Editor as an Ancillary Charge Amount with a revenue code of 001.• The total charge (TCHG) field in the On-Line Editor is a sum of the submitted accommodation (RMCHG1-RMCHG20) and ancillary charges (ANCHG1-ANCHG99).

Accommodation/Ancillary Revenue Codes

Description	Codes identifying specific accommodation and ancillary services provided
Reporting	Required
837I Guide	Page 137
UB-04 Element	FL 42
OLE Field	RMRC1 – RMRC20 = Accommodation/Room Revenue Codes ANRC1 – ANRC99 = Ancillary Revenue Codes
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E28 = Missing revenue code (Record Error) • E44 = Invalid revenue code (Record Error) • E8 = No revenue code 174 for any NICU discharge (Batch Warning)
Notes	<ul style="list-style-type: none"> • Revenue codes 70-219 will be labeled as accommodation/room services and presented in the On-Line Editor in fields RMRC1 – RMRC20. • Revenue codes less than 70 or greater than 219 will be labeled as ancillary services and presented in the On-Line Editor in fields ANRC1 – ANRC99. • A maximum of 20 accommodation charges (and corresponding revenue codes and units) and 99 ancillary charges (and corresponding revenue codes and units) can be submitted.

Accommodation/Ancillary Units

Description	Service quantity pertaining to the corresponding revenue code
Reporting	Required
837I Guide	Page 137
UB-04 Element	FL 46
OLE Field	RMU1 – RMU20 = Accommodation/Room Service Units ANU1 – ANU99 = Ancillary Service Units
Format & Valid Codes	Number of units formatted as specified in the <i>837I Implementation Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E45 = Missing service unit count (Record Error) • E46 = Invalid service unit count (Record Error)
Notes	<ul style="list-style-type: none"> • A maximum of 20 accommodation charges (and corresponding revenue codes and units) and 99 ancillary charges (and corresponding revenue codes and units) can be submitted.

Accommodation/Ancillary Charges

Description	Total charges pertaining to the corresponding revenue code
Reporting	Required
837I Guide	Page 137
UB-04 Element	FL 47
OLE Field	RMCHG1 – RMCHG20 = Accommodation/Room Charges ANCHG1 – ANCHG99 = Ancillary Charges
Format & Valid Codes	Dollar amount - 15 character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount. For example, '30025' = \$30,025.00 '300.25' = \$300.25
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E31 = Missing revenue charge (Record Error)• E32 = Invalid revenue charge (Record Error)
Notes	<ul style="list-style-type: none">• A maximum of 20 accommodation charges (and corresponding revenue codes and units) and 99 ancillary charges (and corresponding revenue codes and units) can be submitted.

IV. Data Element Specifications – Clinical Fields

Principal Diagnosis Code

Description	Code indicating the condition determined to be chiefly responsible for the admission
Reporting	Required
837I Guide	Page 48
UB-04 Element	FL 67
OLE Field	PDIAG
Format & Valid Codes	ICD-9-CM Diagnosis Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E37 = Missing primary diagnosis code (Record Error)• E38 = Invalid primary diagnosis code (Record Error)• E66 = Duplicate diagnosis code (Record Warning)
Notes	

Other Diagnosis Code(s)

Description	Codes corresponding to additional/secondary conditions related to the admission
Reporting	Situational
837I Guide	Pages 48 – 57
UB-04 Element	FL 67A-Q
OLE Field	DIAG2 – DIAG18
Format & Valid Codes	ICD-9-CM Diagnosis Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E49 = Invalid secondary diagnosis code (Record Error)• E156 = Missing diagnosis code when corresponding POA code provided (Record Error)• E3 = >40% records missing secondary diagnosis (Batch Warning)• E66 = Duplicate diagnosis code (Record Warning)
Notes	<ul style="list-style-type: none">• Report additional conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay.• Up to 17 secondary diagnosis codes can be submitted.

Present on Admission (POA) Code(s)

Description	Present on admission code corresponding to the principal diagnosis
Reporting	Situational
837I Guide	Page 45
UB-04 Element	FL 67, FL67 A-Q
OLE Field	POA1 – POA18
Format & Valid Codes	<p><i>*Refer to the 837I documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-9-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Diagnosis was present at the time of inpatient admission)</p> <p>N = No (Diagnosis was not present at the time of inpatient admission)</p> <p>U = No Information in the Record (Documentation insufficient to determine if condition was present at the time of inpatient admission)</p> <p>W = Clinically Undetermined (Provider unable to clinically determine whether condition was present at the time of inpatient admission)</p> <p>1 = Exempt from present on admission reporting</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E154 = Missing present on admission code (Record Error) • E155 = Invalid present on admission code (Record Error) • E166 = POA=1 for non-exempt Facility and Dx code (Record Error)
Notes	<ul style="list-style-type: none"> • WVHCA requires POA reporting in accordance with ICD-9-CM and CMS official coding and reporting guidelines. CMS POA website: www.cms.hhs.gov/HospitalAcqCond; CMS POA Fact Sheet (Dec 2008): www.cms.hhs.gov/HospitalAcqCond/Downloads/POAFactsheet.pdf • Per ICD-9-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Exempt hospitals are strongly encouraged to submit POA information to the WVHCA. • Hospitals exempt from POA reporting should submit a POA value of '1' for all corresponding diagnosis fields that were submitted. • All POA codes are submitted in one field in the 837I format, but are separated into individual fields in the On-Line Editor.

External Cause of Injury Code

Description	Code pertaining to external cause of injuries, poisoning, or adverse effect
Reporting	Required
837I Guide	Page 50
UB-04 Element	FL 72a-c
OLE Field	ECODE
Format & Valid Codes	ICD-9-CM Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E70 = Invalid external cause of injury code (Record Warning) • E88 = Missing external cause of injury code when injury diagnosis reported (Record Warning)
Notes	<ul style="list-style-type: none"> • Required when an injury, poisoning, or adverse effect is the cause for seeking medical treatment.

External Cause of Injury POA Code

Description	Code indicating present on admission status of external cause of injuries, poisoning, or adverse effect
Reporting	Situational
837I Element	Page 45
UB-04 Element	FL 72a-c
OLE Field	EPOA
Format & Valid Codes	<p><i>*Refer to the 837I documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-9-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Diagnosis was present at the time of inpatient admission)</p> <p>N = No (Diagnosis was not present at the time of inpatient admission)</p> <p>U = No Information in the Record (Documentation insufficient to determine if condition was present at the time of inpatient admission)</p> <p>W = Clinically Undetermined (Provider unable to clinically determine whether condition was present at the time of inpatient admission)</p> <p>1 = Exempt from present on admission reporting</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none"> E155 = Invalid present on admission code (Record Error)
Notes	<ul style="list-style-type: none"> WVHCA requires POA reporting in accordance with ICD-9-CM and CMS official coding and reporting guidelines. CMS POA website: www.cms.hhs.gov/HospitalAcqCond; CMS POA Fact Sheet (Dec 2008): www.cms.hhs.gov/HospitalAcqCond/Downloads/POAFactsheet.pdf Per ICD-9-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Exempt hospitals are strongly encouraged to submit POA information to the WVHCA. Hospitals exempt from POA reporting should submit a POA value of '1' for all corresponding diagnosis fields that were submitted. All POA codes are submitted in one field in the 837I format, but are separated into individual fields in the On-Line Editor.

Auto Accident State Code

Description	State abbreviation code where the auto accident occurred
Reporting	Required
837I Guide	Page 41
UB-04 Element	FL 29
OLE Field	ACCSTATE
Format & Valid Codes	Two-digit state abbreviation
Edit Check Errors & Warnings	<ul style="list-style-type: none"> E89 = Auto accident reported in external cause of injury code but no accident state code reported (Record Warning)
Notes	<ul style="list-style-type: none"> Required when the services reported on the claim are related to an auto accident.

Admitting Diagnosis Code

Description	Code indicating the diagnosis at the time of admission
Reporting	Required
837I Guide	Pages 48-57
UB-04 Element	FL 69
OLE Field	ADMITDX
Format & Valid Codes	ICD-9-CM Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">E53 = Missing admitting diagnosis code (Record Error)
Notes	

Principal Procedure Code

Description	Code identifying the inpatient principal procedure performed during the service period
Reporting	Required
837I Guide	Page 58
UB-04 Element	FL 74
OLE Field	PPROC
Format & Valid Codes	ICD-9-CM Procedure Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">E39 = Invalid principal procedure code (Record Error)E87 = Missing all procedure codes when revenue code 036x exists (Record Warning)
Notes	<ul style="list-style-type: none">Required when a procedure was performed.

Other Procedure Code(s)

Description	Codes identifying additional significant procedures performed during the service period
Reporting	Required
837I Guide	Pages 60-63
UB-04 Element	FL 74a-e
OLE Field	PROC2 – PROC6
Format & Valid Codes	ICD-9-CM Procedure Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E51 = Invalid secondary procedure code (Record Error)• E87 = Missing all procedure codes when revenue code 036x exists (Record Warning)
Notes	<ul style="list-style-type: none">• Required when additional procedures were performed.• Report all (up to five) additional procedures that were most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.

V. Data Element Specifications – Patient Demographic Fields

Patient Gender Code

Description	Sex of the patient as recorded at admission
Reporting	Required
837I Guide	Page 32
UB-04 Element	FL 11
OLE Field	SEX
Format & Valid Codes	M = Male F = Female U = Unknown
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E18 = Missing patient sex (Record Error)• E19 = Invalid patient sex (Record Error)
Notes	

Patient Birth Date

Description	Date of birth of the patient
Reporting	Required
837I Guide	Page 32
UB-04 Element	FL 10
OLE Field	DOB
Format & Valid Codes	Date formatted as specified in the <i>837I Implementation Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E16 = Missing patient birth date (Record Error)• E17 = Invalid patient birth date (Record Error)
Notes	

Patient Race & Ethnicity Code

Description	Race and ethnicity as reported by the patient
Reporting	Required
837I Guide	Page 32
UB-04 Element	N/A
OLE Field	RACE
Format & Valid Codes	<p>Submit WVHCA valid codes as outlined below.</p> <p><u>Required Codes for the 837I Format</u></p> <p>1 = White and Non-Hispanic 2 = White and Hispanic/Latino 3 = White and Unknown Ethnicity 4 = Black and Non-Hispanic 5 = Black and Hispanic/Latino 6 = Black and Unknown Ethnicity 7 = Asian 8 = Native Hawaiian or Other Pacific Islander 9 = American Indian or Alaska Native M = Multiple Races and Non-Hispanic R = Multiple Races and Hispanic/Latino S = Multiple Races and Unknown Ethnicity T = Unknown Race and Hispanic/Latino Y = Other U = Unknown</p> <p><u>Effective Only for the UB-04 Extended Format</u></p> <p><u>Race Codes</u></p> <p>1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Asian 5 = Hispanic or Latino (No race information available) 6 = Native Hawaiian or Other Pacific Islander 7 = Hispanic or Latino and one or more races 8 = More than one race (Hispanic or Latino not indicated) 9 = Unknown</p> <p><u>Ethnicity Codes</u></p> <p>5 = Hispanic or Latino (No race information available) 7 = Hispanic or Latino and one or more races 9 = Unknown</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E150 = Missing race (Record Error) • E151 = Invalid race (Record Error) • E65 = Invalid ethnicity (UB-04 Extended format only) (Record Warning)
Notes	<ul style="list-style-type: none"> • In the UB-04 Extended format, race and ethnicity are submitted as two separate fields. In the 837I format, race and ethnicity are submitted in one field using the new coding structure outlined above.

Patient Zip Code

Description	Zip code where the patient resides
Reporting	Required
837I Guide	Page 30
UB-04 Element	FL 09 subset
OLE Field	ZIP
Format & Valid Codes	Five digit postal zip code
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E60 = Missing zip code (Record Warning)• E61= Invalid zip code (Record Warning)• E1 = >10% records in batch missing or invalid zip code (Batch Warning)
Notes	